

MODEL PETITION TO THE ATTORNEY GENERAL FOR REMISSION OR MITIGATION OF
CRIMINAL FORFEITURE, OR CIVIL FORFEITURE PURSUANT TO 18 U.S.C. § 981(e)(6),
BY A NON-OWNER VICTIM OF THE UNDERLYING OR RELATED OFFENSE

TO: THE ATTORNEY GENERAL OF THE UNITED STATES
C/O U.S. ATTORNEY FOR THE DISTRICT OF NDNY
100 SOUTH CLINTON STREET, P.O. BOX 7198
SYRACUSE, NY 13261-7198

[Send copy to the seizing agency in the district where the seizure took place or, in the case of the DEA, at the address set forth in 28 C.F.R. § 9.4(e).]

FROM:

Name	
Address	
Social Security # (or other taxpayer identification number)	
Daytime telephone number:	

1. I, _____, assert that I am a victim of the mail and wire fraud offenses committed by Jeanne Maher, as manager of Studio Traffic and Studio Pay, having lost the following property to Jeanne Maher as a direct result of those offenses or related offenses, without having any knowledge that Jeanne Maher was engaged in illegal activity and was promised one percent daily return on my cash investment. I invested a total of \$ _____ in Studio Traffic and Studio Pay.

2. The circumstances which led to my being a victim are as follows:

3. I have made the following efforts to receive compensation for my losses:

I am unaware of any other assets of the defendant against which I might have recourse, except the following:

4. I affirm that if I receive any compensation for my losses, that I will immediately notify the official who grants this petition (if it is granted) of that fact.

5. I understand that this petition will be governed by the regulations, including definitions of terms such as "victim" and "related offense," set forth in 28 C.F.R. § 9.1 et seq.

DECLARATION

Country of: _____

State of: _____

County of: _____

I hereby declare under penalty of perjury that the foregoing petition, including any attachments thereto, is true and correct in every respect.

Executed:

Enter date signed

Signature of Petitioner

NOTE: SIGNATURE OF PETITIONER MUST BE NOTARIZED

[IF REPRESENTED BY AN ATTORNEY]

DECLARATION OF REPRESENTED PETITIONER

Country of: _____

State of: _____

County of: _____

I hereby declare under penalty of perjury that I have authorized,

Name of attorney	Address of attorney

to represent me in this proceeding, that I have fully reviewed the petition, including any attachments thereto, and that the petition and any such attachments are true and correct in every respect.

Executed:

Enter date signed

Signature of Petitioner

NOTE: SIGNATURE OF PETITIONER MUST BE NOTARIZED

DECLARATION OF ATTORNEY REPRESENTING PETITIONER

Country of: _____

State of: _____

County of: _____

I hereby declare under penalty of perjury that upon information and belief the foregoing petition, including any attachments thereto, is true and correct in every respect.

Executed:

Enter date signed

Signature of Attorney